

PTO/SB/01 (04-05)  
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Jean-Pei Cherng
Title	Method and Apparatus for...
Art Unit	
Examiner Name	
Attorney Docket Number	TPIPO26/WO US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number: 27777

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

The address associated with Customer Number:

OR

Firm or Individual Name

Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

I am the:

Applicant/Inventor,

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature: Jean-Pei Cherng Date: 4-29-05  
Name: Jean-Pei Cherng Telephone: \_\_\_\_\_

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

\*Total of 7 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. This information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or the amount of time you spend to complete the form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS; SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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OR

 The address associated with Customer Number: .....

OR

 Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Signature

Date Aug 22 2006

Name

Michael Cima

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.

 \*Total of 7 forms are submitted.

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**POWER OF ATTORNEY  
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INDICATION FORM**

<b>Application Number</b>	
Filing Date	
First Named Inventor	Jean-Pei Cherng
Title	Method and Apparatus for..
Art Unit	
Examiner Name	
Attorney Docket Number	TPIP026/WO US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioner(s) associated with the Customer Number:

27777

OR

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OR

The address associated with Customer Number:  
OR

Firm or  
Individual Name

Address

City

State

Zip

Country

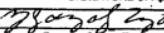
Telephone

Email

I am the:

- Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.71(d) is enclosed. (Form PTO/SB/06)

**SIGNATURE of Applicant or Assignee of Record**

Signature  Date 4/28/05  
Name Javier Gonzalez-Zugasti Telephone  
Title and Company PRINCIPAL ENGINEER, TRANSFORM PHARMACEUTICALS

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

Total of 7 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Correspondence governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete. The burden of providing, preparing, and submitting the completed application to the USPTO will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden may be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number	
Filing Date	
First Named Inventor	Jean-Pei Cherng
Title	Method and Apparatus for...
Art Unit	
Examiner Name	
Attorney Docket Number	TPIP026/WO US

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I hereby appoint:

Practitioner associated with the Customer Number:

27777

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

Firm or  
Individual Name

Address:

City:

State:

Zip:

Country:

Telephone:

Email:

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/09)

SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD

Signature:

Nathan Kane

Date: 4/29/05

Name:

Nathan Kane

Telephone: 617 216-6533

Title and Company:

Engineer III, Transforin Pharmaceuticals

NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

Two (2) forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is believed to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. The information is subject to mandatory disclosure by 33 U.S.C. 154 and 37 CFR 1.13, 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Transmittal of this form is mandatory. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEED TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FTC5841 (04-05)

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CORRESPONDENCE ADDRESS  
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Application Number	
Filing Date	
First Named Inventor	Jean-Pei Cherng
Title	Method and Apparatus for
Art Unit	
Examiner Name	
Attorney Docket Number	TPIP026/WO US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

27777

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(d) is enclosed (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

4/24/05

Name

Anthony Lemmo

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 7 forms are submitted.

This document is a statement as required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application for a patent or a trademark. It is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. The collection is estimated to take 2 hours to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form under suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY  
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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Jean-Pei Cherng
Title	Method and Apparatus for
Art Unit	
Examiner Name	
Attorney Docket Number	TPIP026/WO US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

27777

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

 The address associated with Customer Number:

OR

 Firm or Individual Name

Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	15 Aug 2006
Name	Christopher Moore	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 7 forms are submitted.

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PTO/SB/91 (04-05)

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**POWER OF ATTORNEY  
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CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Jean-Pei Chenrg
Title	Method and Apparatus for...
Art Unit	
Examiner Name	
Attorney Docket Number	TPIR026/WO US

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OR

 Firm or individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Title and Company

Date 9/27/05

Telephone

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 Total of 7 forms are submitted.

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